

**The New Mexico  
Diabetes Advisory Council  
February 23, 2007  
Minutes**

**1. Welcome and Introductions – Yvonne Peperzak-Blake**

**2. Approval of Minutes** as reported for the meeting held December 1, 2006.

**3. DPCP Updates – Judith Gabriele, Program Manager DPCP**

Judith gave the following DPCP updates:

- Funding applications for community and diabetes care provider projects have been sent out and are due by March 2, 2007.
- A lot of work is being done to deal with inconsistencies in the eye exam system and progress is being made.
- Various resources are available on display tables such as Quit Line information and sets of Eagle Books.

**4. Tobacco and Diabetes**

**Susan Baum MD, MPH DOH Chronic Disease Bureau**

Susan Baum talked about the relationship between tobacco and diabetes noting ways in which those with diabetes who smoke increase their risk of heart disease, depression and other complications. People with diabetes are 3 times more likely to die from heart disease or stroke. Susan Baum discussed recommendations and interventions for smokers with diabetes, including the Quit Line which has been extremely successful since it offers free Nicotine Replacement Therapy to diabetes patients. Weight gain can be an issue for those who stop smoking, and there are guidelines on how to handle this. In conclusion, there is substantial evidence that supports the inclusion of the prevention and cessation of tobacco use as an important component of diabetes care.

**5. Responding to Floods: lessons for diabetes care providers**

**Marie Castillo, RN CDE Ben Archer Health Center, Hatch NM**

With her co-presenter Ruth Villegas, Marie Castillo described the impact of the August 2006 floods on the Hatch area in southern New Mexico. They talked about the medical impact on the Ben Archer Health Center and how it was able to assist in the response effort with tasks such as triage, counseling for those who had lost their homes, and helping with food and shelter for the flood victims. A clinic was set up at the high school for first aid, medication administration and management, and medical care.

The presenters also mentioned things that could be improved in case of emergencies such as better communication with other agencies, taking a more active role in emergency planning, knowing the other resources that are available, and keeping minimal supplies on hand. Real life stories and advice for other clinics and the public in general on planning ahead were provided.

**6. CEU panel:**

**Emergency Response: how it works in New Mexico**

**Marjolaine Greentree Licensed Post-Graduate and**

**Susan Eastman MA MPH, Office of Emergency Management**

**How individuals with chronic disease can prepare for disasters**

**Sue Perry PhD, CDE Health Centers of Northern NM**

With their colleague Carrie Moritomo, Marjolaine and Susan covered the NM Emergency Operations System in detail, emphasizing that all responses are local. If local resources are exhausted, state and eventually federal assistance can be requested. The types of disasters in New Mexico, such as wildfires, drought, flooding, and the transportation of hazardous materials were discussed. The YOYO (you're on your own) approach was advocated – namely that each person and family should have an emergency plan. Many organizations that are involved in disaster response were listed. The four main task forces and points of contact were described. The Unified Command System, which would be used in the case of a flu pandemic was outlined and the various agencies that are involved including the department of health. An open discussion on how emergencies affect the population with diabetes generated a lot of input that will be sent to the appropriate task force.

Sue Perry talked on the individual level of how to prepare yourself and patients for disasters. The Diabetes Corner Gazette on the DPCP website at <http://www.diabetesnm.org> has a recent issue that is focused on Planning for Disasters, covering the details of what to have in your pantry; keeping fit and active to endure the physical challenges; medicine safety like carrying wallet cards with a list of current medications; and having extra supplies of meters, strips, insulin and other medications on hand. Also, having a backpack ready with personal items helps in a disaster. Finally, you can now program an ICE (In Case of Emergency) number into your cell phone so that first responders can contact that person and get your vital information.